

TENNESSEE STATE BOARD OF EDUCATION

GUIDELINES AND STANDARDS FOR TENNESSEE'S COORDINATED SCHOOL HEALTH PROGRAM

4.204

TCA 49-1-1002 the Coordinated School Health Improvement Act of 2000 and Public Chapter 1001

GUIDELINES

In order to be eligible for additional state funding, local school systems will initiate and develop the eight integrated components model of the coordinated school health program. Applications for funding will include: [1] an analysis of the current status of each component, [2] a plan for further development and organization of the components into a coordinated school health program, [3] a description of how guidelines 1 -11 will be addressed, [4] a plan for moving toward 100% participation of schools within three years (school systems with fewer than 25 schools) or up to five years (school systems with 25 or more schools) from initial funding, and [5] assurances that all requirements of guideline 12 are currently being met. Local school systems seeking funding to provide a coordinated school health program will also demonstrate the ability to plan, implement and maintain all of the following guidelines and requirements within two years from initial funding (except guidelines 1, 2,3, 9 & 12 that will be initiated immediately):

1. Establish a full-time position for coordinator/supervisor of school health programs at the system level for school systems with 3,000 or more students. School systems with fewer than 3,000 students will establish a position for coordinator/supervisor of school health programs at 50% time or more are encouraged to enter into a consortium with other school systems to apply for funding. The coordinator/supervisor position in both cases will be in addition to other school health component staff and school system coordinator/supervisor positions.
2. Employ a coordinator/supervisor for school health programs with a minimum of a bachelor's degree (masters preferred) in either the field of education, nursing, health services administration, social services, psychology/mental health services or nutrition and have documented experience in either supervising or implementing one or more of the coordinated school health components areas of health education, health services, nutrition, school counseling, psychological services or social services.
3. Organize and support:
 - An Advisory Council on School Health for the school system and/or consortium that is representative of the school system(s), staff, students, parents, civic organizations, community agencies, the faith community, minority groups and others concerned with the health and wellness of students with at least two-thirds of the members being non-school personnel. The Advisory Council will recommend policies and programs to the school system(s) and also develop and maintain an active working relationship with the county health council.
 - A Staff Coordinating Council on School Health for the school system that is representative of all eight components of the coordinated school health program. The Staff Coordinating Council will seek to maximize coordination, resources, services and funding for all school health components.

- A Healthy School Team at each school in the system that is representative of all eight components of the coordinated school health program. The team will include the principal, teachers, staff, students, parents and community members with at least one-half of the team members being non-school personnel. The Healthy School Team will assess needs and oversee planning and implementation of school health efforts at the school site.

4. Develop and maintain local school system policies (e.g. health physicals, breakfast and lunch programs, vending machines, concession stands, nutrition education, tobacco and drug education, HIV/AIDS, family life curriculum, health education curriculum, physical education and fitness curriculum and programs, staff health and wellness programs, safety and emergency plans, and medications and health care services) that address and support a coordinated school health program and each of the integrated components. The policies should be organized into a manual that can be used by school health personnel, advisory councils, staff coordinating councils and health school teams.
5. Develop and maintain a staff development system for orienting and training administrators, principals, and other school leadership team members that allows for informed decision making in adopting and implementing the coordinated school health program model at the school system and school level. The system will also provide periodic and continuing orientation and training of school health personnel, other school system personnel and community health and human services professionals in their responsibilities related to the integrated components of the coordinated school health program.
6. Develop and maintain a system of assessing and identifying the health and wellness needs of students, families and staff that will be used in developing system policies and strategic plans; school health programs, curriculum and initiatives; and school improvement plans. This assessment system will at a minimum include the review of information from the Youth Risk Behavior Survey, Youth Tobacco Survey, Project TEACH surveys and School Health Education Profile; use of the Health Information Tennessee database; and an analysis of local surveys of the health and wellness needs of students, staff and the community.
7. Incorporate into all school improvement plans easy-to-implement and appropriate assessments and surveys, improvement strategies and services, and integrated learning activities that address the health and wellness needs of students and staff. Analyze the results of the assessments and surveys to determine indicators that support and/or that inhibit the academic performance and progress of students in meeting the academic improvement goals of each school's improvement plan.
8. Develop and maintain comprehensive pre-K-12 health education and physical education efforts that provide expanded focus on tobacco use prevention and cessation, increased daily physical fitness activity, improved overall fitness, healthy nutrition habits and HIV/AIDS prevention education.
9. Identify base expenditures for staff, programs and activities in each of the eight components and maintain year-to-year support thereafter in the school system budget for each of the components of the coordinated school health program as well as the additional state funding provided for the coordinated school health program effort.
10. Identify and obtain additional financial support and program collaboration with community agencies/organizations along with other external financial support to supplement the Basic Education Program (BEP) funding formula and the additional CSHP funding provided for the school health program.

11. Develop and maintain a system and process for annual evaluation of progress and outcomes for the coordinated school health program effort, including the impact on the student performance indicators required by the State Board of Education in TCA 49-1-211(a)(3) and any state designated health outcomes for students and staff.

12. Ensure compliance with the following:

- Requirements of TCA 49-6-1005(a), TCA 49-6-1303 and TCA 68-1-1205 regarding Family Life Curriculum and any aspect of family planning or contraception in schools.
- Requirements of TCA 49-5-415 and the guidelines of the State Board of Education, State Department of Education and State Department of Health regarding the administration of medications and health care professionals and the secure storage of medications, recordkeeping and the orientation and training of all school personnel that handle medications by a school health nurse or a licensed health care professional.
- Requirements of TCA 49-3-359 regarding the employment or contracting for school health nurses at the ratio of at least one full-time school health nurse per school system and additional positions as provided through the Basic Education Program (BEP) funding formula.
- Requirements of TCA 63-7-101 through TCA 63-7-1116 and Administrative Rules regarding the professional practice of nurses, including the supervision of school health nurses by a Registered Nurse, Certified Nurse Practitioner, and/or physician.
- Requirements of TCA 49-5-302 with regard to school counseling programs and TCA 49-6-303 regarding the employment of licensed school counselors and the professional practice of school counselors.
- That all individuals employed, contracted and/or otherwise engaged in providing professional services in any of the components of a coordinated school health program are qualified and licensed according to state law and regulations.

STANDARDS

Comprehensive Health Education

Health education is a planned, sequential, pre K-12 curriculum and program that addresses the physical, mental and emotional, and social dimensions of health. The activities of the curriculum and program are integrated into the daily life of the students and designed to motivate and assist students to maintain and improve their health, prevent disease and reduce health-related risk behaviors. It allows students to develop and demonstrate increasingly sophisticated health-related knowledge, attitudes, skills, and practices. The curriculum and program include a variety of topics such as personal health, family health, community health, consumer health, environmental health, family living, mental and emotional health, injury prevention and safety, CPR, nutrition, prevention and control of disease and substance use and abuse. Qualified professionals such as health educators, teachers, school counselors, school health nurses, registered dietitians, and community health care professionals provide health education.

Health Services

Health services are provided and/or supervised by school health nurses to appraise, protect, and promote the health of students. These services include assessment, planning, coordination of services and direct care for all children, including those with special health care needs. Health services are designed and

coordinated with community health care professionals to ensure early intervention, access and referral to primary health care services; foster appropriate use of primary health care services; prevent and control communicable disease and other health problems; provide emergency care for student and staff illness or injury; provide daily and continuous services for children with special health care needs; promote and provide optimum sanitary conditions for a safe school facility and school environment; and provide educational and counseling opportunities for promoting and maintaining individual, family and community health. Qualified professionals such as school health nurses, physicians, psychiatrists, psychologists, dentists, health educators, registered dietitians, school counselors, and allied health personnel including speech therapists and occupational or physical therapists provide these services.

Nutrition Services

Nutrition services assure access to a variety of nutritious, affordable and appealing meals in school that accommodate the health and nutrition needs of all students. School nutrition programs reflect the U.S. Dietary Guidelines for Americans and other criteria to meet the complete nutrition needs of students. Each school's nutrition program also offers a learning laboratory for classroom nutrition and health education that helps students develop skills and habits in selecting nutritionally appropriate foods, and serves as a resource and link with nutrition-related community services and educational programs. Qualified professionals such as experienced, knowledgeable school food supervisors and registered dietitians provide these services.

Physical Education

Physical education is a planned, sequential pre-k -12 curriculum program that follows national standards in providing developmentally appropriate, cognitive content and learning experiences in a variety of physical activity areas such as basic movement skills; physical fitness; rhythm and dance; cooperative games; team, dual, and individual sports; tumbling and gymnastics; and aquatics. Quality physical education promotes, through a variety of planned individual and cooperative physical activities and fitness assessments, each student's optimum physical, mental, emotional and social development; and provides fitness activities and sports that all students, including students with special needs, can enjoy and pursue throughout their lives. Qualified professionals such as physical education teachers and physical activity specialists provide physical education and related fitness activities.

Healthy School Environment

Healthy school environment concerns the quality of the physical and aesthetic surroundings; the psychosocial climate, safety, and culture of the school; the school safety and emergency plans; and the periodic review and testing of the factors and conditions that influence the environment. Factors and conditions that influence the quality of the physical environment include the school building and the area surrounding it; transportation services; any biological or chemical agents inside and outside the school

facilities that are detrimental to health; and physical conditions such as temperature, noise, lighting, air quality and potential health and safety hazards. The quality of the psychological environment includes the physical, emotional and social conditions that affect the safety and well being of students and staff. Qualified staff such as facilities and transportation supervisors, principals, school and community counselors, social workers, psychologists, school health nurses, health educators, and school safety officers assess and plan for these factors and conditions in the school environment.

School Counseling, Psychological and Social Services

Counseling, mental health, and social services are provided to assess and improve the mental, emotional, and social health of every student. All students receive these services, including developmental classroom guidance activities and preventative educational programs, in an effort to enhance and

promote academic, personal, and social growth. Students who may have special needs are served through the administration and interpretation of psychometric and psychoeducational tests, observational assessments, individual and group counseling sessions, crisis intervention for emergency mental health needs, family/home consultation, and/or referrals to outside community-based agencies when appropriate. The professional skills of counselors, psychologists, and social workers, along with school health nurses, are utilized to provide coordinated "wrap around" services that contribute to the mental, emotional, and social health of students, their families and the school environment. Qualified professionals such as school and community counselors, school and community psychologists, school health nurses, social workers, and qualified staff from community agencies provide these services.

Family and Community Involvement

Involvement of parents, community representatives, health specialists, and volunteers in schools provides an integrated approach for enhancing the health and well being of students both at school and in the community. School health advisory councils, coalitions, and broadly-based constituencies for school health can build support for school health programs. School administrators, teachers, and school health staff in all components actively solicit family involvement and engage community resources, expertise, and services to respond effectively to the health-related needs of students and families. Qualified professionals such as principals, teachers, and school health staff, along with parents and volunteers, provide leadership in this area.

School-Site Health Promotion for Staff

Wellness opportunities such as health assessments, health education and physical fitness activities are provided to all school staff, including the administrators, teachers and support personnel, to improve their health status. These opportunities encourage staff to pursue a healthy lifestyle that contributes to their improved health status, improved morale, and greater personal commitment to the overall coordinated school health program. This personal commitment often transfers into greater commitment to the health of students and serving as positive role models. Health promotion activities conducted on-site improve productivity, decrease absenteeism, and reduce health insurance costs. Qualified professionals such as principals, supervisors, health educators, school health nurses and school personnel/human resources directors provide leadership in this area.

